

# Long Term Care Advisory Council

OFFICE OF THE HUMAN SERVICES COMMITTEE & THE CONNECTICUT COMMISSION ON AGING  
LEGISLATIVE OFFICE BUILDING  
HARTFORD, CT 06106-1591

TO: David Guttchen, Chair  
Members of the LTC Planning Committee

FROM: Representative Peter Villano and Julie Evans Starr, Co-Chairs  
Members of the LTC Advisory Council

DATE: January 5, 2004

RE: Key Issues of the Long Term Care Plan

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The Long Term Care Advisory Council is pleased to submit the following key issues for the Legislature which arise out of the 2004 Long-Term Care Plan, Balancing the System: Working Towards Real Choice for Long-Term Care in Connecticut, and related issues that the Long Term Care Advisory Council wishes to bring to the Legislature's attention.

The overall LTC Plan theme is that the present long term care system in Connecticut is out-of-balance and, in order to have real choice for older adults and persons with disabilities in Connecticut there needs to be a strong and fluid infrastructure of home and community based services and supports. To help make this a reality, the LTC Advisory Council respectfully seeks the leadership and support of the Planning Committee Members representing the Committees of Human Services, Aging, and Public Health to promote the key issues identified below during the 2004 legislative session.

**1) Infrastructure of the Long Term Care System:**

- a) Amend Connecticut Statutes to set forth as state policy that individuals with long-term care needs have the option to choose and receive care and support in the least restrictive, appropriate setting.
- b) Provide funding to implement a comprehensive, Connecticut specific, needs assessment as previously authorized by legislation (SA 02-7).
- c) Approve Executive Branch requests for infrastructure revisions that implement the policy set forth in 1a) including:
  - i) Restructuring and expanding current Home and Community Based Waivers.
  - ii) Expansion of successful Pilot Programs. These generally provide a higher quality of life and/or reduce aggregate cost without negatively impacting quality of life.

**2) Infrastructure of Home and Community:** Life at home and in the community is only possible if the community infrastructure exists for accessible and safe housing, accessible and available transportation, accessible employment opportunities, and full support to paid and unpaid caregivers.

- a) Coordinate all legislative initiatives regarding housing, transportation, and employment to assure that the needs of people requiring long-term care services and supports are addressed.
- b) Provide adequate training and support to paid and unpaid caregivers, including respite support.

***The Long Term Care Advisory Council represents an active and remarkable collaboration of a most diverse group of providers, consumers, and advocates for older adults and persons with disabilities.***

- 3) **Workforce Shortages:** To make all long-term care options accessible, Connecticut must increase the supply of paid and unpaid caregivers.
  - a) Employ strategies to attract students into the field with scholarships and grants, develop career paths allowing for increases in responsibilities, increase status and wages, enhance public perception of all related positions, and professionalize paraprofessional roles.
  - b) Enable families and friends to be recognized as providers of service in addition to or in lieu of the existing pool of paraprofessional workers, where appropriate.
- 4) **Reduction of Demand for Long-Term Care Services:** A major strategy to reduce future demand and expense for long-term care services and supports is to avoid the need for long-term care and/or to reduce the intensity of that need. Initiatives can span ages and disabilities; from public health measures to development of systems of care with the goal of pro-active chronic illness monitoring and management.
  - a) Request that the Office of Legislative Research report on the opportunities for chronic disease management and LTC service delivery restructuring in the Medicare Act 2003 and other federal and state initiatives.
  - b) Request the Department of Public Health to review and report on existing and proposed public health initiatives for the potential to prevent the incidence of disability, illness or injury requiring long term care.
- 5) **Education and Access:** The state policy adopted in 1(a) must be supported by educating citizens regarding options and making all options equally accessible.
  - a) Appropriate adequate funds to inform individuals of home and community services as well as institutional options for long-term care during the prescreening process.
  - b) Explore and enhance a prescreening process for all applicants to nursing facilities and other institutions.
- 6) **Funding:** The 2004 Long-Term Care Plan calls for a rebalancing of state expenditures between institutional and community services and supports.
  - a) Allocate more resources to home and community based services to accomplish the rebalancing over time.
  - b) Approve increases in appropriations necessary to meet the related current and increasing long-term care needs of Connecticut's citizens.

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# Members of the Long Term Care Advisory Council

(State Statutes Section 17b-338)

## Organization

Legislative Member of the Planning Committee  
CT Commission on Aging  
CT Association of Residential Care Homes  
Personal Care Attendant  
CT Association of Area Agencies on Aging  
CT Council for Persons with Disabilities  
CT Association of Health Care Facilities  
CT Assisted Living Association  
CT Association of Adult Day Care  
Bargaining Unit for Health Care Employees/1199 AFL-CIO  
CT Family Support Council  
Consumer  
AARP – CT  
CT Association of Home Care, Inc.  
LTC Ombudsman's Office  
Legal Assistance Resource Center  
CT Community Care, Inc.  
CT Hospital Association  
CRT/CT Association of Community Action Agencies  
CT Alzheimer's Association  
CANPFA  
Family Caregiver  
CT Coalition of Presidents of Resident Councils  
American College of Health Care Administrators  
Consumer  
Consumer  
Nonunion Home health aide

## Representative

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